U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 763Š 0 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR X \$ INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT ADDI-TJONAL RATE REMAINING NUMBER ADD1-RATE PREVIOUSLY **AFTER EXTRA** TIONAL ENDMENT 11105 AMENDMENT PAID FOR FEE FEE Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR X \$ ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT AFTER **PREVIOUSLY** TIONAL TIONAL FEE AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus X \$ OR X \$ Minus Independent (37 CFR 1.16(b)) X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST C PRESENT RATE RATE ADDI-REMAINING NUMBER ADDI-**EXTRA** AMENDMENT **AFTER PREVIOUSLY** TIONAL TIONAL AMENDMENT FEE PAID FOR FEE Total (37 CFR 1.16(c)) Minus X S OR Minus X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| | | | | | | - | | - | | | <u> </u> | |
|--|--|---|--------------|---------------------------------------|-------------|------------------|----------|-----------|------------------------|------|---------------------|------------------------|
| | PATENT | Application or Docket Number 10 796353 199195 | | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | | | | | |
| (Column 1) (Column 2) | | | | | | | | ALL PE | ENTITY . | . OF | | R THAN |
| TOTAL CLAIMS | | | 24 | | | | l li | RATE | FEE | ٦ | RATE | FEE |
| FOR . | | | NUMBE | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | | O OF | BASIC FE | E 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 24 minus 20= | | • | . 4 | | XS 9= | | OF | X\$18= | 70 |
| INDEPENDENT CLAIMS | | | 7 minus 3 = | | • | . 4 | | • | | ┦" | ` | 7/11 |
| М | ULTIPLE DEPE | NDENT CLAIM | PRESENT | RESENT | | | | X43= | | -IOA | X86= | 3990 |
| * If the difference in column 1 is long than near and a series and a | | | | | | | • | 145= | | OR | +290= | - 12.64 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | T | DTAL | | OR | TOTAL | 1186 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | THAN |
| AMENDMENT A | <u> </u> | (Column 1) CLAIMS | T | (Colun | | (Column 3) | - | ALL | ENTITY | OR | SMALL | |
| | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | USLY | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | - | RATE | ADDI- TIONAL FEE |
| | Total | | Minus | | | = | × | § 9= | | OR | X\$18= | |
| | Independent | <u> -</u> | Minus | *** | | . = | × | 43= | 1. | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | · · · | | 104 | | |
| • | | | | | | • | L | 45= | | OR | +290= | |
| | | (Calumn 4) | | | | | | T. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | T | (Colum | | (Column 3) | _ | • | · | | • | |
| MENDMENT B | | REMAINING AFTER AMENDMENT | | NUMB PREVIOU PAID F | ER USLY | PRESENT EXTRA | R/ | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = . | XS | 9= | | OR | X\$18= | |
| _ | Independent | * | Minus | *** | | = . | X4 | 3= | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <u> </u> | _ | | OR | X86= | • |
| | | | | | | • | +14 | | | OR | +290= | • |
| | | • | | | | | ADDIT | FEE | | OR A | TOTAL ODIT. FEE | |
| 7 | • | | | • • • • | | | | | | | | |
| MENDMENI C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | R . ISLY | PRESENT EXTRA | RA | ΓE | ADDI: TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · · · · · · · · · · · · · · · · · · · | Minus | ** | | 2 | . X\$ | 9= | | OR | X\$18= | |
| E | Independent | • | Minus | | | = | - | | | | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X86=

+290=

X43=

+145=

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** ADDIT. FEE

OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.